

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Child Care Administration

## FAMILY CHILD CARE PROVIDER STATEMENT OF SERVICES

NAME (Last, First, M.I.)

DATE

### BUSINESS INFORMATION

DAYS AND HOURS OF OPERATION (Check all that apply)

☐ Monday    ☐ Tuesday    ☐ Wednesday    ☐ Thursday    ☐ Friday    ☐ Saturday    ☐ Sunday

Opening Time: \_\_\_\_\_ Closing Time: \_\_\_\_\_

Comments: \_\_\_\_\_

Drop In Service: ☐ Yes ☐ No (Please check Daily Rates and Fees)

AGE GROUPS ACCEPTED

☐ Birth to 12 months    ☐ 1 year to 2 years    ☐ 3 years to 5 years    ☐ 6 years to 12 years    ☐ Other

DAILY RATES AND OTHER FEES

Birth to 12 months: Full Day Charge: \_\_\_\_\_ Part Day Charge: \_\_\_\_\_

1 year to 2 years: Full Day Charge: \_\_\_\_\_ Part Day Charge: \_\_\_\_\_

3 years to 5 years: Full Day Charge: \_\_\_\_\_ Part Day Charge: \_\_\_\_\_

6 years to 12 years: Full Day Charge: \_\_\_\_\_ Part Day Charge: \_\_\_\_\_

My **FULL DAY** charge is considered a(n) \_\_\_\_\_ hour day. My **PART DAY** charge is considered a(n) \_\_\_\_\_ hour day.

Other charges: \_\_\_\_\_

Absence policy and charges (if applicable): \_\_\_\_\_

Transportation Provided: ☐ Yes ☐ No Schools in Area: \_\_\_\_\_Meals Provided: ☐ Yes ☐ No Food Program Sponsor Name: \_\_\_\_\_

DATES CHILD CARE HOME IS CLOSED DURING THE YEAR

☐ Thanksgiving    ☐ Christmas    ☐ New Year's Day    ☐ Other \_\_\_\_\_

Comments: \_\_\_\_\_

DAILY ACTIVITIES/PLANNED SCHEDULE FOR THE CHILDREN

MATERIALS AND EQUIPMENT FOR CHILDREN

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Child Care Administration**FAMILY CHILD CARE PROVIDER STATEMENT OF SERVICES**NAME (*Last, First, M.I.*)

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**EDUCATION AND SPECIAL SKILLS**

HIGHEST GRADE LEVEL COMPLETED

☐ Grade school (*Grade completed*)☐ High school (*Grade completed*)☐ College (*Years completed/Degree obtained*)☐ CDA☐ NAFCC

MY EXPERIENCES IN PROVIDING CHILD CARE

MY SPECIAL SKILLS, KNOWLEDGE OR TRAINING THAT I FEEL ENHANCES MY ABILITY TO CARE FOR CHILDREN, INCLUDING CHILDREN WITH SPECIAL NEEDS

BEHAVIOR/DISCIPLINE METHODS USED

MY HOBBIES AND SPECIAL INTERESTS

DESCRIPTION OF INDOOR AND OUTDOOR AREAS WHERE CHILD CARE WILL BE CONDUCTED (*Fenced backyard, trees, clean, etc.*)***I will make reasonable accommodations for children with special needs.***

PROVIDER'S SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

If parent/guardian signs above, a copy must be provided to them.